TESTIMONY BEFORE THE PUBLIC HEALTH COMMITTEE OPPOSING THE ELIMINATION OF THE ADVANCED-EMT LEVEL

March 14, 2014

Submitted By Rob Canning, a Connecticut Advanced-EMT since 2009

Good morning Senator Gerratana, Representative Johnson and the esteemed members of the Public Health Committee. My name is Rob Canning, a Connecticut Advanced-EMT since 2009, and I am here today in opposition to SB 416, *An Act Concerning The Department Of Public Health's Recommendations Regarding Advanced Emergency Medical Technicians.* This bill is a step backwards for Connecticut. While the vast majority of states (including the rest of New England) are increasing the responsibilities of Advanced-EMTs to standardize the level with the scope of practice model developed by the National Highway Transit Safety Administration, Connecticut is seeking to do the opposite by eliminating the level entirely. For decades, Advanced-EMTs, many of them volunteer professionals, have delivered high quality, cost-effective care to the sick and injured in Connecticut. The elimination of the level would decrease access to care, jeopardize patient outcomes and increase costs for towns and patients.

i. Reduced Ability to Obtain Appropriate Health Care Resources

First, if SB 416 is enacted, many residents of the state, especially those distant from major metropolitan areas, would lose access to the advanced life support care provided by Advanced-EMTs. Certain EMS systems, ¹ either because of low call volume or inadequate financial resources, rely on the Advanced-EMT level to provide an intermediate level of care between EMT-Basics and Paramedics. Currently, there are approximately 742 Advanced-EMTs, who represent 25% of the state's advanced life support providers. This bill strips these Advanced-EMTs of their certification, relegating the populations who they serve to a lower standard of care. Further, Advanced-EMTs often comprise the leadership of organizations and the level's removal threatens the operational integrity of these services. In the absence of these Advanced-EMTs, it is not clear that some municipalities will be able to get the appropriate resources to patients.

ii. Risking Adverse Patient Outcomes

Second, Advanced-EMTs have the skills and experience necessary to improve the outcomes of all patients, particularly critical patients. Advanced-EMTs receive additional training in high benefit, lower risk skills, such as insertion of supraglottic airways and intravenous fluid administration, which stabilize high acuity patients until they can reach definitive hospital care. But more than the skills, Advanced-EMTs have more experience. Experience of the provider is often considered the sole determining factor affecting patient outcomes. On top of the substantial training necessary to become an

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¹ As of Nov. 1, 2013, only five services in Connecticut held a Primary Service Area designation at the Intermediate level. However, this small number is misleading as it ignores the large number of services certified at the Advanced-EMT level and currently operating with this level of provider.

EMT-Basic, Advanced-EMTs are required to undergo an additional 100 hours of training and must partake in 48 hours of continuing medical education every three years to maintain their certification. Most of these Advanced-EMTs are volunteers and take on this additional training burden to provide better care to their communities. Other Advanced-EMTs work for services where they assist within their scope of practice alongside Paramedics who perform more advanced maneuvers. In this team approach to care, the time sensitive interventions provided these Advanced-EMTs can reduce morbidity and mortality. Undeniably, Advanced-EMTs have a role within the provision of pre-hospital emergency care in Connecticut.

iii. Unjustifiable Increase in the Cost of Services

Finally, the elimination of the Advanced-EMT level will remove an important link in the tiered response system, increasing costs for EMS systems and patients. Anyone who has visited a hospital knows that you are not immediately greeted by a surgeon upon arrival, but instead are triaged to receive an appropriate level of care based on the nature of your complaint. Without the intermediate level of care represented by Advanced-EMTs, emergencies traditionally handled by these providers will be pushed up to Paramedics. Paramedic care is billed at a higher rate than Advanced-EMT transports, increasing costs to patients. Towns who still wish to provide advanced level services will be forced to staff Paramedics in positions that were traditionally volunteer, prohibitively increasing costs when budgets are already strained. Overall, more Paramedics will mean greater utilization, costing the largest payor, the state, more money. The removal of the flexibility provided by the Advanced-EMT level will increase costs without any discernable benefit.

So despite arguments to the contrary, why is Connecticut moving in the opposite direction from her peers? The reasons vary, but are mostly tied to a few special interests. Paramedic level services will benefit from increased call volume at higher reimbursement rates. The state will not have to bear the administrative burden of maintaining another level of certification or conforming to national standards. Paramedic education programs will not have to compete for limited clinical space with Advanced-EMT students and will be able to fill disappearing Advanced-EMT positions with their Paramedic graduates. Physicians will not be responsible for supervising another level of care. Despairingly, these groups have failed to consider the Connecticut residents who will lose access to advanced care, experience negative outcomes and end up paying more.

Advanced-EMTs play a vital role in the tiered delivery of cost effective care in this state. Please vote against SB 416 and allow the state's Advanced EMTs to continue to do what they love at a level they have worked hard to obtain. Thank you for your consideration.